



MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179

Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

	LEGISLATOR INFORMATION		
Name / / / / / / / / / / / / / / / / / / /		Office:	
PAT JONES		House	☐ Senate
Mailing address 172 Wings Mi	1/5 Road	District	
City, zip code	interest to the second control of the second	Phone	od signilaransannarasi shumunganan Imanum Ayrı (inanjablarlar), Indisida
04352		tions of program	
PART 1. INCOMI	E DERIVED FROM EMPLOYMENT BY ANO	THER	
List the name and address of each employer from economic activity of each employer.	m whom you received compensation of \$1,000 or	more. Specify th	e principal type of
Name of Employer	Address // /		oe of Economic of Employer
I am retired	Maein state	**************************************	
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PART 2 INC	OME DERIVED FROM SELF-EMPLOYMEN		
	Legislators who are self-employed.)		
A. List the name and address of your business, it associated with a partnership, firm, professional a entity.	f any, and list the major areas of economic activity association, or similar business entity, list the major	r from which you or or areas of econo	derived income. If mic activity of that
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Ac (partnership, as	s of Economic ctivity sociation or similar ess entity)
Name: Address:			
Name:		Và naman Peri sa manife	
Address:		A PRINTER OF THE PRIN	
	F	MI.	

PART 2 (continued). INCOME DERIVED FRO (For Legislators who are self-em		
B. List each source of income derived from self-employment that represents mo greater, and specify the principal type of economic activity of the entity or persidisclosure is prohibited by law, rule, or an established code of professional ethics entity or person from whom the income was derived.	son from whom you derived	such income. If this form of
Name and Address of Source	Activ	rincipal Type of Economic lity of Entity or Person Who is the Source of the Income
Name:	Year and the second sec	
Address:		add dainn bheirin in ciùil do ciùil 1924 ll deinn an t-air an t-air ann an t-air an t-air an t-air an t-air an
Name: Address:	**************************************	
Address.		
PART 3. MAJOR AREAS OF I		
List your major areas of practice. If associated with a law firm, list the major areas	s of practice of your firm.	
Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
Name:		A circulation of circ
Address:		
Name:		***
Address:		AND THE STATE OF T
PART 4. OTHER SOURCES O	F INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this for	orm. Do not include gifts. If i	none, check the box.
□ None		•
Name and Address of Source		Kind of Income nvestments, leases, etc.)
Name:		
Address:		
	andiquesta filmiting and the first of the first of the first of the first operation operation of the first operation operation operation	
Name: Address:	3500	•
Address.		
PART 5. REPORTABLE LIAI		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liability or loans	received during the reporti from a relative. If none, che	ng period, and list the major ck the box.
□ None		
Name and Address of Creditor	Pı	rincipal Type of Economic Activity of Creditor
Name:	n villaged fides	
Address:	Elizabeth (1988) and a state of the contract o	
Name:	is synthetical	
Address:	wormand Awards	

PART 6	. REPORTABLE GIFTS	
List the specific source of each gift of more than \$300. Including none, check the box.	lude gifts with an aggregate	value of more than \$300 from a single source. If
□ None		
Name of Source of Gift		Name of Source of Gift
1.	3.	
2.		
PART 7. R	EPORTABLE HONORAR	
List the source of any honoraria accepted for appearances of	r speeches related to your le	gislative responsibilities. If none, check the box.
None		
Name of Source of Honoraria		Name of Source of Honoraria
1.	3.	
Part of the Control o	recovered in terms and a transformation where the material in the second and the	THE PRINCE OF TH
PART 8. REPRESEN	TATION BEFORE STATE	AGENCIES
List each executive branch agency before which you repres box.	ented or assisted others for	compensation of any amount. If none, check the
None	lands he adare of the AAS Cline or a medical security or the antick or a mench is not land, and and or AS medicine Cline	
Name of Agency		Name of Agency
1.	3.	
2.	4.	
PART 9. BUSIN	NESS WITH STATE AGE	NCIES
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.	per of your immediate family	sold goods or services with a value in excess of
None	ARINA, BIRITANINI ATURA BIRINA BIRINA ARINI	
Name of Agency		Name of Agency
1.	3.	
0-100000000000000000000000000000000000	4.	ALITE LAVIE DI PARISTINI DI PARISTA CIPARITA PARISTINI PARISTA ZIDARI BARBISTINI PARISTANI ARRIPARA PERISDAA APARISTINI PARISTANI ARRIPARA PERISDAA APARISTINI PARISTANI ARRIPARA PERISDAA PARISTINI PARISTANI
PART 10. INCOME RECEIV	ED BY MEMBERS OF IM	MEDIATE FAMILY
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	d of income represented. If	
	Type of Economic Activity	
Name of Spouse or Domestic Partner and Job Title	Representing Source of Income Received	Relationship Kind of Income
Name:	1.	Spouse or 1.
Job Title:	2.	Domestic 2.
	3.	3.
		Dependent Child
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic solutions and the hind of income.		Dependent Child
activity and the kind of income.		Dependent Child

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☐ None						
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e intentiona	l filing of a false statement is a C	lass E crime. If th	e Commissio	n concludes that	t it appears that a	
lfully filed a	false statement, it shall refer its f	indings of fact to th	e Attorney G	General. (1 M.R.S	S.A. § 1019)	J
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PART 11. OFFICER OR DIRECTOR POSITIONS